

Department of Labor and Industries
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 Olympia WA 98504-4324
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 (360) 902-6763
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REQUEST FOR PREFERRED WORKER STATUS

Worker's Name		Claim Number	
Worker Phone #	Address		
Employer of Injury (Name and Address)			Date of Injury
Last Date Worked	Job of Injury		

1. Request is made that the worker named above be certified as a Preferred Worker. Date Needed _____
2. I have determined that this worker is permanently precluded from re-employment with the employer of injury for the following reason(s):

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3. The worker has permanent physical restrictions as a result of the conditions accepted under this claim. To expedite, check if the following is attached:

- ☐ Current PCE or other medical documentation
 ☐ Disapproved Job Analysis (JA) for job of injury
 ☐ JA for new job

VRC phone #	4-digit VRC #	SVC Provider #	Firm provider #
VRC Signature		Date Submitted	Voc Firm Name
VRC Name (Please print)			For L&I Use Only CPWO <input type="checkbox"/>
Address			Preferred Worker's Certification number
			Begin date
City	State	Zip+4	End date